

# A survey of reactivation endoscopy/ GI practice following the COVID-19 pandemic

Dear Colleague,

On behalf of the North American Alliance for the Study of Digestive Manifestations of COVID-19, we sincerely appreciate your effort to fill out this survey during this challenging and rapidly evolving time. We ask that you please only fill out one survey per physician group.

Please confer with your Division/Group leadership prior to completing the survey to ensure that the submitted information is as accurate as possible. If duplicate responses from a group/institution are received, we will contact you directly to consolidate. Results will be presented in aggregate; institution names will not appear.

1) Practice Name/Institution

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2) City

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3) State

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4) Country

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5) email

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## Practice Characteristics

6) Where does your group perform endoscopic procedures (% for each to total 100%)?

- ☐ Hospital-based endoscopy unit  
☐ ASC  
☐ Office

7) How many physicians in your practice perform endoscopic procedures?

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8) What model best describes your practice?

- ☐ Independent group practice  
☐ Non-teaching hospital employed  
☐ Academic medical center employed  
☐ Veteran's Affairs Hospital employed

9) Is your group actively involved in teaching gastroenterology trainees?

- ☐ Yes  
☐ No

10) Is your group actively involved in teaching one or more interventional endoscopy trainees?

- ☐ Yes  
☐ No

### COVID-19 Disease Burden and Impact on Endoscopy Volume

- 11) When was the approximate peak of COVID-19 cases in your city? (enter projected peak if not reached, leave blank if unknown) \_\_\_\_\_
- 12) At your primary site, approximately how many endoscopies were performed weekly prior to onset of COVID-19. \_\_\_\_\_
- 13) At your primary site, approximately how many endoscopies were performed weekly during the peak period of COVID-19. (if peak has not been reached how many endoscopies were performed in the last week) \_\_\_\_\_
- 14) [If performing endoscopy in hospital-based endoscopy unit] ☐ Yes  
☐ No  
 Were scheduled/"elective" (non-urgent/non-emergent) endoscopic procedures postponed at your hospital-based endoscopy unit due to COVID-19?
- 15) If yes, beginning on what date? \_\_\_\_\_
- 16) [If performing endoscopy in hospital-based endoscopy unit] ☐ Physicians  
☐ Institution  
 Who made the initial decision to made to postpone endoscopy?
- 17) [If performing endoscopy in an ASC] ☐ Yes  
☐ No  
 Were scheduled/"elective" (non-urgent/non-emergent) endoscopic procedures postponed at your ASC due to COVID-19?
- 18) If yes, beginning on what date? \_\_\_\_\_
- 19) How much did your overall endoscopy volume decrease at your primary practice site due to COVID-19 emergency?  
☐ Did not change  
☐ Decreased by approximately 25% of usual  
☐ Decreased by approximately 50% of usual  
☐ Decreased by approximately 75% of usual  
☐ Decreased by approximately greater than 90% of usual  
☐ Stopped endoscopy completely

### Resumption of Elective Endoscopy

- 20) Please rank the factors, by importance, that influenced/will influence your decision to resume elective endoscopic procedures?
- ☐ Availability of rapid pre-procedure COVID-19 testing
  - ☐ Decreasing community prevalence of active COVID-19 testing
  - ☐ Patients advocating for resumption of endoscopy
  - ☐ Hospital/ASC financial considerations
  - ☐ Physician financial considerations
  - ☐ Increased availability of personal protective equipment

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- 21) On what date did you/do you expect to resume scheduled/non-elective endoscopic procedures? If unknown leave blank \_\_\_\_\_
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- 22) On what date did you/do you expect to resume a normal volume (pre-COVID-19) of endoscopic procedures? If unknown leave blank \_\_\_\_\_
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- 23) At what percent of the pre-COVID procedure volume do you expect to be in 4 weeks? ☐ 25%  
☐ 50%  
☐ 75%  
☐ 100%
- 
- 24) At what percent of the pre-COVID procedure volume do you expect to be in 3 months? ☐ 25%  
☐ 50%  
☐ 75%  
☐ 100%
- 
- 25) What were/are the barriers to increasing endoscopic procedure volume once cleared to restart operations by institution/ local government? (check all that apply)
- ☐ Inadequate/limited PPE supply
  - ☐ Limited capacity for COVID-19 testing prior to procedures
  - ☐ Inadequate staffing (not enough nurses, technicians, etc)
  - ☐ Inadequate financial resources for operations due to COVID-19 related increase in overhead
  - ☐ Personal safety concerns among staff
  - ☐ Personal safety concerns among patients
  - ☐ Limited anesthesia support services
  - ☐ Other
  - ☐ None
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- 26) How do you plan to catch up for procedures postponed due to COVID-19 (check all that apply)
- ☐ Stool based testing in place of average risk screening colonoscopy
  - ☐ Implementation of new multisociety guidelines for surveillance colonoscopy
  - ☐ Extended hours of operation during work week
  - ☐ Weekend endoscopy
  - ☐ Opening one or more additional endoscopy rooms
  - ☐ Hiring additional staff
  - ☐ Overbook procedures during same hours of operation
  - ☐ No defined plan
- 
- 27) Do you plan to screen endoscopy physicians and staff for COVID-19 before resumption of elective procedures? ☐ Yes  
☐ No
- 
- 28) If yes, which of the following approaches are being considered (check all that apply)
- ☐ Symptom screening prior to arrival to endoscopy lab
  - ☐ Symptom screening on arrival to endoscopy lab
  - ☐ Temperature check on arrival at endoscopy lab
  - ☐ Serologic IgM and IgG testing
  - ☐ No screening
  - ☐ Other
- 
- 29) Do you plan to screen patients for COVID-19 prior to endoscopy? ☐ Yes  
☐ No
-

- 30) If yes, which of the following approaches are being considered (check all that apply)
- ☐ Symptom screening prior to arrival to endoscopy lab
  - ☐ Symptom screening on arrival to endoscopy lab
  - ☐ Temperature check on arrival at endoscopy lab
  - ☐ COVID-19 RT-PCR 1-2 days prior to procedure
  - ☐ COVID-19 RT-PCR on arrival at endoscopy lab
  - ☐ Serologic IgM and IgG testing
  - ☐ Rapid point-of-care testing
  - ☐ Other
- 
- 31) What social distancing measures will you be implementing/have you implemented in your endoscopy unit? (check all that apply)
- ☐ Use every other pre and post procedure bay
  - ☐ Assign a dedicated nurse to each patient from pre-procedure to discharge
  - ☐ Cohort physicians and staff into teams to minimize cross-contamination
  - ☐ Allow only patient into endoscopy unit (family member/ ride must remain in car)
  - ☐ Limit trainee involvement in endoscopy
  - ☐ Assign a single workstation to individual staff/physicians for the entirety of the day
  - ☐ None of the above
  - ☐ Other
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- 32) Over the next 6 months, do you expect your nursing/technician staffing level to change from pre-COVID-19 levels?
- ☐ Will not change
  - ☐ Decrease by 25%
  - ☐ Decrease by >25%
  - ☐ Increase by 25%
  - ☐ Increase by >25%
- 
- 33) Do you plan to increase time allotted per procedure to allow for screening and/or increased cleaning measures?
- ☐ Yes
  - ☐ No
- 
- 34) If yes by how much on average?
- ☐ 15 minutes
  - ☐ 30 minutes
  - ☐ 45 minutes
  - ☐ 60 minutes
  - ☐ Unknown

### Anesthesia Services and Personal Protective Equipment

- 35) Have you/Do you plan to alter airway management for upper GI endoscopic procedures (EGD, EUS, ERCP) due to COVID-19?
- ☐ Yes
  - ☐ No
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- 36) If yes, what have you done/do you plan to do?
- ☐ General endotracheal anesthesia for all patients
  - ☐ Modified AMBU mask for all NON-General endotracheal anesthesia patients
  - ☐ Face mask/ POM mask for all NON-General endotracheal anesthesia patients
  - ☐ Nasal cannula oxygen
  - ☐ Mechanical barrier (fiberglass shield)
  - ☐ Other
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- 37) Have you/Do you plan to alter airway management for lower GI endoscopic procedures (colonoscopy, flexible sigmoidoscopy) due to COVID-19?
- ☐ Yes
  - ☐ No

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- 38) If yes, what do you plan to do?
- ☐ General endotracheal anesthesia for all patients
  - ☐ Modified AMBU mask for all NON-General endotracheal anesthesia patients
  - ☐ Face mask/ POM mask for all NON-General endotracheal anesthesia patients
  - ☐ Nasal cannula oxygen
  - ☐ Mechanical barrier (fiberglass shield)
  - ☐ Other
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- 39) Will all staff be required to wear masks throughout the endoscopy lab (e.g., in common areas, when consenting patients, etc.)?
- ☐ Yes  
☐ No
- 
- 40) Will patients be required to wear masks in the endoscopy unit?
- ☐ Yes  
☐ No
- 
- 41) What type of mask will be recommended/required for staff in the procedure room for asymptomatic/low-risk patients who are COVID-19 negative status?
- ☐ Surgical mask  
☐ N95 mask  
☐ Respirator  
☐ None  
☐ Other
- 
- 42) What type of mask will be recommended/required for staff in the procedure room for asymptomatic/low-risk patients who are unknown COVID-19 status?
- ☐ Surgical mask  
☐ N95 mask  
☐ Respirator  
☐ Other  
☐ Not Applicable (All patients will be tested before the procedure so we'll know their COVID-19 status)
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- 43) [If surgical masks used above]  
Will staff have N95 masks or respirators available for COVID-19 negative and/or COVID-19 unknown patients if they prefer?
- ☐ Yes  
☐ No
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- 44) What type of eye protection will be used in procedure rooms for asymptomatic/low-risk patients who are COVID-19 negative or unknown COVID-19 status?
- ☐ Face shield  
☐ Goggles  
☐ Surgical mask with integrated face shield  
☐ None  
☐ other
- 
- 45) [If general GI trainees]  
Did you remove fellows from general endoscopic procedures?
- ☐ Yes  
☐ No
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- 46) If yes, when will you/did you re-introduce them to endoscopy?
- \_\_\_\_\_
- 
- 47) [If interventional endoscopy trainees]  
Did you remove interventional endoscopy fellows from procedures?
- ☐ Yes  
☐ No
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- 48) If yes, when will you/did you re-introduce them to endoscopy?
- \_\_\_\_\_

**Telemedicine**

- 49) Prior to COVID-19, did you offer telemedicine ambulatory visits in your practice? ☐ Yes  
☐ No
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- 50) Are you offering telemedicine ambulatory visits in your practice currently? ☐ Yes  
☐ No
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- 51) If yes, what percentage of your telemedicine services are currently performed using video calls (vs phone calls).  
☐ < 25%  
☐ 26-50%  
☐ 51-75%  
☐ >75%
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- 52) If you are not routinely offering telemedicine services, why not?  
☐ Reimbursement  
☐ Technical issues  
☐ Coding/ billing  
☐ Medicolegal concerns  
☐ Lack of patient interest
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- 53) Are you/do you plan to routinely offer telemedicine services "after" COVID-19 restrictions are lifted? ☐ Yes  
☐ No
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- 54) If yes, what factors have impacted/will impact the continued use of telemedicine after COVID-19 restrictions have been lifted?  
☐ Patient satisfaction  
☐ Familiarity/comfort with technology  
☐ Good support relating to technical, as well as billing/coding issues  
☐ Increase in clinic efficiency  
☐ Limits need to have multiple ambulatory clinic sites  
☐ Physician well-being/preference  
☐ Inability to legally be allowed to care for patients residing in a different state